PART B - FEE(S) TRANSMITTAL

Complete and send this form, together with applicable fee(s), to: Mail

Mail Stop ISSUE FEE
Commissioner for Patents
P.O. Box 1450
Alexandria, Virginia 22313-1450

or Fax (571)-273-2885

INSTRUCTIONS. This form should be used for transmitting the ISSUE FEE and PUBLICATION FEE (if required). Blocks 1 through 5 should be completed where

appropriate. All further indicated unless correct maintenance fee notifica	ed below or directed of	ng the Patent, advance of herwise in Block I, by	orders and notification (a) specifying a new c	orres	pondence address;	and/or	(b) indicating a sepa	correspondence address as trate "FEE ADDRESS" for	
CURRENT CORRESPONDENCE ADDRESS (Note: Use Block I for any change of address)					Note: A certificate of mailing can only be used for domestic mailings of the Fee(s) Transmittal. This certificate cannot be used for any other accompanying papers. Each additional paper, such as an assignment or formal drawing, must have its own certificate of mailing or transmission.				
24113 7590 04292009 PATTERSON, THUENTE, SKAAR & CHRISTENSEN, P.A. 4800 IDS CENTER 80 SOUTH 8TH STREET					Certificate of Mailing or Transmission Lender of First Class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO (571) 273-2885, on the date indicated below.				
MINNEAPOLIS	S, MN 55402-2100							(Depositor's name)	
								(Signature)	
				╙				(Date)	
APPLICATION NO.	FILING DATE		FIRST NAMED INVENTOR			ATTORNEY DOCKET NO.		CONFIRMATION NO.	
10/588,926 12/28/2006 Paul Meldahi 1101.155WOUS 2936 TITLE OF INVENTION: SEISMIC EXPLORATION									
APPLN. TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE	DUE	PREV. PAID ISSUI	E FEE	TOTAL FEE(S) DUE	DATE DUE	
nonprovisional	NO	\$1510	\$300		\$0		\$1810	07/29/2009	
EXAMINER		ART UNIT	CLASS-SUBCLASS	S	1				
COOK, JONATHON		2886	356-498000	356-498000					
1. Change of correspond CFR 1.363). Change of corresp Address form PTO/S: "Fee Address" ind PTO/SB/47; Rev 03-4 Number is required.	2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternative). (2) the names of a single firm (having as a member arguistered attorney or agent) and the names of up to 2. Registered patent of agent and the names of up to 3. Single firm and the names of up to 3. Single firm and the names of up to 3. Single firm and the names of up to 3. Single firm and the names of up to 3. Single firm and the names of up to 3. Single firm and the names of up to 4. Single firm and the names of up to 5. Single fi								
3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type) PLEASE, NOTE: Unless an assignce is identified below, no assigned task will appear on the patent. If an assignce is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment. (A) NAME OF ASSIGNEE (B) RESIDENCE: (CITY and STATE OR COUNTRY) Stato11 ASA Please check the appropriate assignee category or categories (will not be printed on the patent): Individual Dr. Corporation or other private group entity Government									
Please check the appropr	riate assignee category or			_				· · · · · · · · · · · · · · · · · · ·	
4a. The following fee(s) Issue Fee Publication Fee (N Advance Order	b. Payment of Fe(s): (Please first reapply any previously paid issue fee shown above) A check is enclosed. Payment by credit card. Form PTO-2038 is attached. The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any overpayment, to Depoids Account Number ☐ [1.e.c[r≥s]] (enclose an extra copy of this form).								
NOTE: The Issue Fee an	s SMALL ENTITY state	is See 37 CFR 1.27.	ed from anyone other t				FITY status. See 37 C	FR 1.27(g)(2). ne assignee or other party in	
Authorized Signature	Date 07/23/04 30,673 Registration No.								
This collection of inform an application. Confiden submitting the complete this form and/or suggest Box 1450, Alexandria, V Alexandria, Viginia 223	nation is required by 37 C tiality is governed by 35 d application form to the ions for reducing this bu /irginia 22313-1450. DC 113-1450.	FR 1.311. The informat U.S.C. 122 and 37 CFF USPTO. Time will var rden, should be sent to t O NOT SEND FEES OR	ion is required to obtain t 1.14. This collection y depending upon the he Chief Information C COMPLETED FORM	n or r is est indiv Office IS TO	etain a benefit by t imated to take 12 i idual case. Any co r, U.S. Patent and THIS ADDRESS	ninutes mment Traden S. SENI	lic which is to file (and to complete, includir is on the amount of timer of the complete, U.S. Dep D TO: Commissioner	by the USPTO to process) ig gathering, preparing, and me you require to complete artment of Commerce, P.O. for Patents, P.O. Box 1450,	

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

OMB 0651-0033

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE